**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Appl. No. : 10/679,626

Applicant : Kari L. Wilkinson et al

Filed : 10/6/2003

5 Docket No. : JAM656

Customer No. : 30245

**PETITION UNDER 35 USC 117 and
PRELIMINARY AMENDMENT**

10

Assistant Commissioner for Patents

Mail Stop Missing Parts

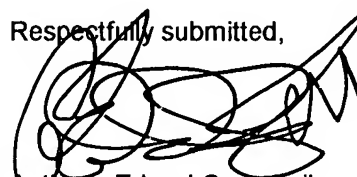
15 P.O. Box 1450

Alexandria, VA 22313-1450

Because of the death of co-inventor Kari L. Wilkinson, proof of which is attached,
she is not able to sign the declaration. As her legal representative for patent matters, I
20 am filing this document on her behalf. Additionally, her widower, Thomas L. Wilkinson,
has signed the document as her surviving spouse and heir.

The omitted page 1 is believed to be the title sheet of the application. If this is the case, no critical portion of the filing documents were omitted, and it is requested that the application retain the 10/6/2003 filing date. It is further requested that the specification be amended by renumbering the pages. A clean copy of the amended application is included in this mailing.

Respectfully submitted,



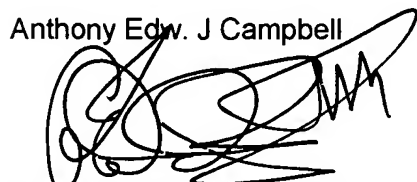
Anthony Edw. J Campbell
Reg. No. 39,619
Attorney for Applicant

Date: August 3, 2004

Certificate of Mailing

I hereby certify that this correspondence is being sent by first-class mail to the United States Patent and Trademark Office on the date shown below.

Anthony Edw. J Campbell



Tuesday, August 03, 2004

OFFICE of VITAL STATISTICS

CERTIFIED COPY

CERTIFICATE OF DEATH
FLORIDA

LOCAL FILE NO.

1. DECEDENT'S NAME FIRST: Kari MIDDLE: Louise LAST: Wilkinson			2. SEX Female	
3. DATE OF DEATH (Month, Day, Year) December 23, 2003		4. SOCIAL SECURITY NUMBER 592-01-7856		5a. AGE-Last Birthday (years) 39
6. DATE OF BIRTH (Month, Day, Year) November 21, 1964		7. BIRTHPLACE (City and State or Foreign Country) Danville, New Jersey		5b. UNDER 1 YEAR Months: Days: Hours: Minutes:
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes or No) No		9a. PLACE OF DEATH (Check only one: see instructions on other side) HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> OTHER: <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Residence <input type="checkbox"/> Other (Specify):		9b. INSIDE CITY LIMITS? (Yes or No) No
9c. FACILITY NAME (If not institution, give street and number) 378 Whitfield Ave.		9d. CITY, TOWN, OR LOCATION OF DEATH Sarasota		9e. COUNTY OF DEATH Manatee
10a. DECEDENT'S USUAL OCCUPATION Registered Nurse	10b. KIND OF BUSINESS/INDUSTRY Hospital	11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married	12. SURVIVING SPOUSE (If wife, give maiden name) Thomas L. Wilkinson, II	
13a. RESIDENCE - STATE Florida	13b. COUNTY Manatee	13c. CITY, TOWN, OR LOCATION Sarasota	13d. STREET AND NUMBER 378 Whitfield Ave.	
13e. INSIDE CITY LIMITS? (Yes or No) No	13f. ZIP CODE 34243	14. WAS DECEDENT OF HISPANIC OR HAITIAN ORIGIN? (Specify No or Yes - If yes, specify Haitian, Cuban, Mexican, Puerto Rican, etc.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Specify:	15. RACE - American Indian, Black, White, etc. Specify: White	16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12): 3 College (1-4 or 5+):
17. FATHER'S NAME (First, Middle, Last) Dale Benner		18. MOTHER'S NAME (First, Middle, Maiden Surname) Elaine Larsen		
19a. INFORMANT'S NAME (Type/Print) Thomas L. Wilkinson, II		19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 378 Whitfield Ave. Sarasota, Florida 34243		
20a. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify):		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) The Good Earth Crematory		20c. LOCATION - City or Town, State Bradenton, Florida
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH 		21b. LICENSE NUMBER (of Licensee) KA-466	21c. NAME AND ADDRESS OF FACILITY The Good Earth Crematory 501 17th Ave. W. Bradenton, Florida 34205	
22a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) as stated. (Signature and Title)		23a. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) and manner as stated. (Signature and Title)		
22b. DATE SIGNED (Mo., Day, Yr) December 31, 2003		22c. HOUR OF DEATH 2:00 AM-11:00 A.M.		23b. DATE SIGNED (Mo., Day, Yr) December 30, 2003
22d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		23c. MEDICAL EXAMINER'S CASE # 0 3 . 1 2 . 0 0 8 0 7		
24. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER) (Type or Print) Laura S. Hair, M.D., A.M.E., 1762 Hawthorne Street, Suite 5, Sarasota, FL 34239				
25a. SUBREGISTRAR - SIGNATURE AND DATE 		25b. LOCAL REGISTRAR - SIGNATURE 		25c. DATE REGISTERED December 31, 2003

December 31, 2003

THIS IS A CERTIFIED TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE

BY
Deputy Registrar

Manatee County Health Department

State Registrar

WARNING:

15032808

THIS DOCUMENT IS PRINTED OR PHOTOCOPIED ON SECURITY PAPER WITH A WATERMARK OF THE GREAT SEAL OF THE STATE OF FLORIDA. DO NOT ACCEPT WITHOUT VERIFYING THE PRESENCE OF THE WATERMARK.

THE DOCUMENT FACE CONTAINS A MULTI-COLORED BACKGROUND AND GOLD EMBOSSED SEAL. THE BACK CONTAINS SPECIAL LINES WITH TEXT AND SEALS IN THERMOCHROMIC INK.

DOH FORM 1564 (10-98)

FLORIDA DEPARTMENT OF
HEALTH